

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445181

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

PRINTED: 10/06/2011  
FORM APPROVED  
OMB NO. 0938-0391

(X3) DATE SURVEY  
COMPLETED

10/04/2011

NAME OF PROVIDER OR SUPPLIER

COLONIAL HILLS NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

2034 COCHRAN RD  
MARYVILLE, TN 37803

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit access was readily accessible. The findings include: Observation on October 4, 2011 at 10:00 a.m. revealed two (2) rolling dish carts stored in front of the kitchen exit door.</p>	K 038	<p><b>K 038: NFPA 101 Life Safety Code Standard</b></p> <p><u>1) What corrective actions will be taken to correct this alleged deficient practice?</u></p> <p>a) The two rolling carts were removed from the kitchen exit door on 10/04/2011</p> <p><u>2) Identify residents that have the potential to be affected by the alleged deficient practice?</u></p> <p>a) Residents in the facility have the potential to be affected.</p> <p>b) The inspections of the exit doors in the facility were inspected to ensure all exits were readily accessible on 10/05/2011.</p> <p><u>3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</u></p> <p>a) The maintenance supervisor will audit all exit doors monthly for 3 months to ensure all exits are readily accessible.</p> <p><u>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u></p> <p>a) The Maintenance supervisor will report the results of the audit to the Performance Improvement Committee for 3 months.</p>	
K 050 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure staff members are familiar with proper fire drill procedures. The findings include: Observation during a fire drill conducted on October 4, 2011 at 11:05 a.m. revealed a staff</p>	K 050		

DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1	K 050		
K 051 SS=D	member placing a wheelchair patient in the room used as a simulated fire room and closed the door during the fire drill exercise.  NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke detectors were located at least 3 feet from an air supply (NFPA 72, 2-3.5.1). The findings include: Observation on October 4, 2011 at 11:00 a.m.	K 051	<p>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.</p> <p><b>K 050: NFPA 101 Life Safety Code Standard</b></p> <p><u>1) What corrective actions will be taken to correct this alleged deficient practice?</u></p> <p>a) The staff was counsel on 10/04/2011 on the proper action during a fire drill to ensure resident safety.</p> <p><u>2) Identify residents that have the potential to be affected by the alleged deficient practice?</u></p> <p>a) Residents in the facility have the potential to be affected.</p> <p>b) The staff was in-service on 10/21/2011 on the proper procedure during the fire drill to ensure resident safety.</p> <p><u>3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</u></p> <p>a) The maintenance supervisor will do fire drills 3 times a month for 3 months.</p> <p><u>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u></p> <p>a) The Maintenance supervisor will report the results of the fire drills to the Performance Improvement Committee for 3 months</p>	10/06/2011

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K 051	Continued From page 2 revealed the smoke detector installed above fire door number 4 on the 300 hall was installed within three (3) feet of the air diffuser.	K 051	b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.	10/15/2011
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure commercial cooking equipment was provided with a drip tray and collection container. The findings include: Observation and interview with the Maintenance Director in the kitchen, on October 4, 2011 at 10:00 a.m. confirmed the exhaust hood system drip tray was removed and did not provide a grease collection container on the system. Observation and interview with the Maintenance Director in the kitchen, on October 4, 2011 at 10:00 a.m. revealed the installed cooking appliances were not properly placed under the hood and was not protected by the hoods extinguishing system.	K 069	<b>K 051: NFPA 101 Life Safety Code Standard</b>  <u>1) What corrective actions will be taken to correct this alleged deficient practice?</u>  a) The smoke detector was move the require 3 feet from the air diffuser on 10/21/2011.  <u>2) Identify residents that have the potential to be affected by the alleged deficient practice?</u>  a) Residents in the facility have the potential to be affected.  b) The maintenance supervisor audited the smoke detectors within the facility and will move any smoke detectors that are within 3 feet of an air diffuser.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include:	K 147	<u>3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</u>  a) The maintenance supervisor will inspect the smoke detectors for 3 months to ensure that there are no smoke detectors that are within 3 feet of a air diffuser.  <u>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u>	

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K 147	Continued From page 3 Observation on October 5, 2011 at 2:15 p.m. revealed two (2) electrical junction boxes installed above the ceiling in the attic area on 300 hall area have no protective covers.	K 147	<p>a) The Maintenance supervisor will report the results of the audit of the smoke detectors to the Performance Improvement Committee for 3 months.</p> <p>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.</p> <p><b>K 069: NFPA 101 Life Safety Code Standard</b></p> <p><u>1) What corrective actions will be taken to correct this alleged deficient practice?</u></p> <p>a) The exhaust hood system drip tray was installed on 10/21/2011.</p> <p>b) The cooking appliances were placed under the exhaust hood system so that hood-extinguishing system protects the cooking appliances.</p> <p><u>2) Identify residents that have the potential to be affected by the alleged deficient practice?</u></p> <p>a) Residents in the facility have the potential to be affected.</p> <p><u>3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</u></p> <p>a) The maintenance supervisor will inspect/audit the drip tray is in place for 3 months to ensure that the drip tray is in place.</p>	11/1/2011

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K 147	Continued From page 3 Observation on October 5, 2011 at 2:15 p.m. revealed two (2) electrical junction boxes installed above the ceiling in the attic area on 300 hall area have no protective covers.	K 147	<p>b) The maintenance supervisor will inspect/audit cooking appliance in the kitchen to ensure that the cooking appliances are under the exhaust hood system.</p> <p><u>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u></p> <p>a) The Maintenance supervisor will report the results of the audit of the drip tray and the cooking appliances are in the proper position and report the results to the Performance Improvement Committee for 3 months.</p> <p>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.</p> <p><b>K 147: NFPA 101 Life Safety Code Standard</b></p> <p><u>1) What corrective actions will be taken to correct this alleged deficient practice?</u></p> <p>a) The protective covers on the two electric junction box were installed on 10/05/2011.</p> <p><u>2) Identify residents that have the potential to be affected by the alleged deficient practice?</u></p> <p>a) Residents in the facility have the potential to be affected.</p> <p>b) The maintenance supervisor audited the junction boxes in the ceiling on the 300-</p>	11/1/2011

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C 147	Continued From page 3 Observation on October 5, 2011 at 2:15 p.m. revealed two (2) electrical junction boxes installed above the ceiling in the attic area on 300 hall area have no protective covers.	K 147	<p>hall area to ensure that there are no other junctions' boxes without covers.</p> <p><u>3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</u></p> <p>a) The maintenance supervisor will inspect/audit the other ceiling areas within the facility to ensure that the junction boxes have a protective covers.</p> <p><u>4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u></p> <p>a) The Maintenance supervisor will report the results of the inspection/audit of the junction boxes and report the results to the Performance Improvement Committee for 3 months.</p> <p>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.</p>	11/4/2011